

Responses to NCI Request for Information (RFI) on Cancer-Related Telehealth Research

NOT-CA-20-080

Summary of Stakeholder Input

The National Cancer Institute received 46 responses to the *Seeking Stakeholder Input on Scientific Gaps and Research Needs Related to Delivery of Cancer-related Care via Telehealth* RFI. A high-level summary of frequently identified topics is presented below.



What outcomes should be used to evaluate the delivery of telehealth care?

Respondents indicated that more information is needed to guide the collection of comprehensive outcomes related to telehealth and cancer care. Specifically, data are needed to determine what outcome measures would be able to best identify how patient outcomes differ by delivery modalities (telehealth, in-person, or hybrid).

Respondent-identified research interests:

- Patient-level outcomes: healthcare utilization, patient experience of care, patient health outcomes, health-related quality of life, and other patient-reported outcomes.
- Provider-level outcomes: provider burnout, workflow, and provider comfort.
- System-level outcomes: cost, return on investment, and insurance billing.



What types of appointments and care delivery models are best suited to telehealth?

Respondents reported there was limited guidance on how and when appointments for cancer-related care are best translated to telehealth. This concern was raised for appointment types across the cancer care continuum.

Respondent-identified research interests:

- Virtual patient education (e.g., medication adherence).
- Remote monitoring for treatment side effects.
- Telehealth integration into supportive care (e.g., behavioral health and ancillary services) and palliative care.
- Optimizing access to specialty care via telehealth.



Note: This document summarizes responses to the RFI and **does not indicate funding priorities of the NIH.**



What influences positive patient-provider communication?

Responses highlighted a scientific need to investigate how providers can adeptly relay information on cancer patients' prognoses and treatment options through telehealth platforms. For example, respondents indicated that both patients and providers may feel more comfortable having difficult conversations in-person versus remotely, such as delivering prognosis information or discussing end-of-life care. Respondents recognized two barriers to quality patient-provider telehealth conversations: a lack of comfort with the technology involved in telehealth communication and a lack of non-verbal cues to inform the conversation.

Respondent-identified research interests:

- Effective training for oncologists to conduct and communicate during telehealth appointments.
- Alleviating patient discomfort in using telehealth platforms, especially for older or less digitally literate patients.



Additional areas of respondent interest included:

- **COVID-related impacts:** How did the rapid scaling of telehealth services during the COVID pandemic affect cancer care?
- **Technology:** What innovations in medical technology (e.g., sensors, wearable devices, machine learning programs) can be used to offer higher quality cancer care in concert with telehealth services?
- **Access and Equity:** Do telehealth delivery options support equitable access to healthcare?
- **Digital Divide:** How can inadequate internet access, a lack of digital devices, or limited digital literacy impact telehealth usage?

Figure 1. Respondents by Institution Type (N=46)

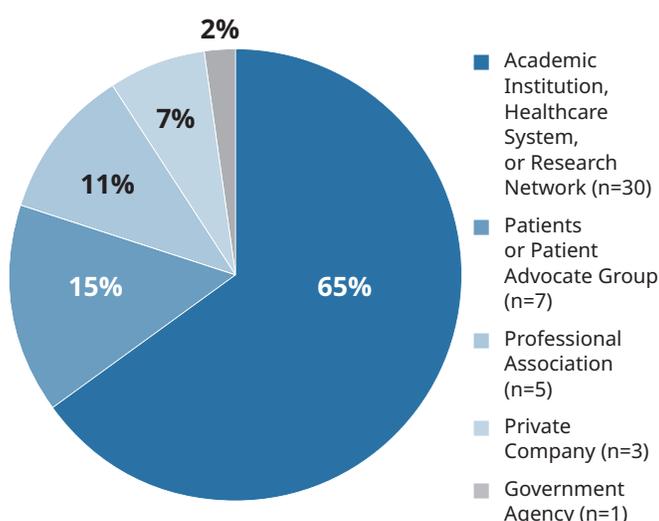
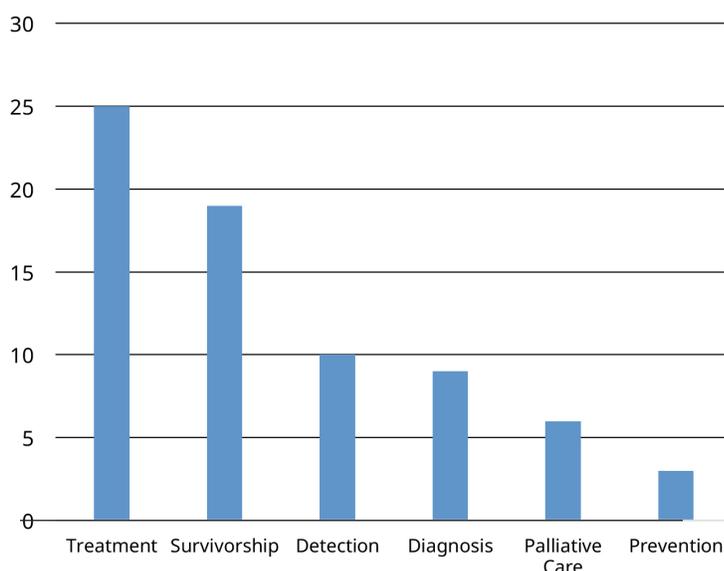


Figure 2. Stages of Cancer Care Continuum by Number of Mentions*



*Categories not mutually exclusive.

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